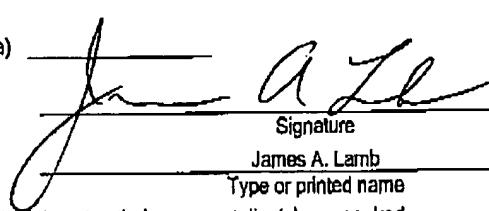
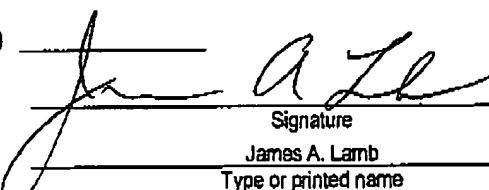


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM03409J
In re Application of	OLSON ET AL.	
Application Number	10/029,107	Filed 12/20/2001
For	METHOD FOR SUBSCRIBING TO A WIRELESS SERVICE	
Group Art Unit	3624	Examiner Bashore, Alan L
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 400.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 920.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1440.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1960.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number (Deposit Acct 502117)	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 38,529))
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____	
<u>11/9/2005</u>		Date
 Signature James A. Lamb Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form(s) are submitted	

0/2005 SFELEKE1 00000013 502117 10029107
 ::1251 120.00 DA

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM03409J
In re Application of	OLSON ET AL	
Application Number	10/029,107	Filed 12/20/2001
For	METHOD FOR SUBSCRIBING TO A WIRELESS SERVICE	
Group Art Unit	3624	Examiner Bashore, Alan L.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 400.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 920.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1440.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1960.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number (Deposit Act. 502117)	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 38,529)	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____	
<u>11/9/2005</u>		Date
 Signature James A. Lamb Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form(s) are submitted	